

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035769

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

294
6008
221
FILED SEP 24 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE no permanent address b. COUNTY Praris Twn. On Highway 63	
b. CITY (If outside corporate limits, give TOWNSHIP only) Remarks in #2 Moberly ??		c. CITY OR TOWN In ambulance enroute	
c. FULL NAME OF (If NOT in hospital, give location) Highway 63.		STREET ADDRESS (If outside, give location) from one hospital to another	
3. NAME OF DECEASED (Type or print) First Richard Middle Daniel Last Slattery		4. DATE OF DEATH Month 9 Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-9-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (last birthday) 59	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cresson, Penn.	
13a. FATHER'S NAME Richard D. Slattery		13b. MOTHER'S MAIDEN NAME Mary Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		14. NAME OF HUSBAND OR WIFE. 2880 Fulton Rd. Mrs. Elizabeth Wills, Cleveland, Ohio	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Modulary failure		INTERVAL BETWEEN ONSET AND DEATH 6 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Muliple fractures and internal injuries 17 hrs	
		DUE TO (c) Pedrestran out of safty lane hit by car 17 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) While crossing street out of safety lane at	
20c. TIME OF INJURY Hour night Month, Day, Year in a heavy rain was struck by an automobile,	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 600 block N. Morley Moberly Randolph	20f. CITY, TOWN, OR LOCATION Misson	20g. COUNTY Misson	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Benj. J. Jally D.O. Coroner		22b. ADDRESS 203 1/2 N. Clark, Moberly, Missouri	
22c. DATE SIGNED 9-12-62		22d. LOCATION (City, town, or county) (State) Moberly Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24. FUNERAL DIRECTOR MAHAN-KIRTLEY FUNERAL SERVICE	25. DATE RECD. BY LOCAL REG. 9-13-62	26. REGISTRAR'S SIGNATURE Paul H. Lowe	

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Orl Roberson

Licensed Embalmer No.

4232

P. O. Address

Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.